

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/567508

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		/		/		
4		/		/		
5		/		/		
6		/		/		
7		/		/		
8		/		/		
9		/		/		
10		/		/		
11		/		/		
12		/		/		
13		/		/		
14		/		/		
15		/		/		
16		/		/		
17		/		/		
18		/		/		
19		/		/		
20		/		/		
21		/		/		
22		/		/		
23		/		/		
24	/	/	/	/		
25		/		/		
26		/		/		
27		/		/		
28		/		/		
29	/	/	/	/		
30		/		/		
31		/		/		
32		/		/		
33	/	/	/	/		
34		/		/		
35		/		/		
36		/		/		
37		/		/		
38		/		/		
39		/		/		
40		/		/		
41		/		/		
42		/		/		
43		/		/		
44		/		/		
45		/		/		
46		/		/		
47		/		/		
48		/		/		
49		/		/		
50		/		/		
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	/		/			
52		/		/		
53		/		/		
54		/		/		
55		/		/		
56		/		/		
57	/		/			
58		/		/		
59		/		/		
60		/		/		
61		/		/		
62		/		/		
63		/		/		
64		/		/		
65		/		/		
66		/		/		
67		/		/		
68		/		/		
69		/		/		
70		/		/		
71		/		/		
72		/		/		
73		/		/		
74		/		/		
75		/		/		
76		/		/		
77		/		/		
78		/		/		
79		/		/		
80		/		/		
81		/		/		
82		/		/		
83		/		/		
84		/		/		
85		/		/		
86		/		/		
87		/		/		
88		/		/		
89		/		/		
90		/		/		
91		/		/		
92		/		/		
93		/		/		
94		/		/		
95		/		/		
96		/		/		
97		/		/		
98		/		/		
99		/		/		
100		/		/		
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						